

Vermont Medicinal Cannabis Sub-Committee Meeting Minutes—September 20, 2021

Dr. Clifton calls to order meeting at 4:06 pm ET.

Attendees

Advisory Committee Members:

- Jim Romanoff
- Meg D'Elia
- Matt Myers- representative of Dr. Levine

VT Cannabis Board:

- Brynn Hare
- Lindsey Wells- Vermont Marijuana Registry
- James Pepper

NACB:

- Tom Nolasco
- Dr. Mary Clifton
- Gina Kranwinkel

2 members of the public

Minutes recorded by Meggan Hau.

Dr. Clifton entertains a motion to approve minutes from Thursday. Jim Romanoff makes motion to approve. Tom Nolasco seconds. Thursday, September 16 minutes are approved.

The Sub-Committee moderator Dr. Clifton begins the conversation with discussing possession limits, defining caregiver, and home grow options.

Notable Comment(s):

*Jim Romanoff- Currently there are no growers represented on the Oversight Committee for Medical Cannabis Program. We are about to make recommendations for CCB to ask legislature to make a new subcommittee. Separately we are split on recommending a small cultivator be on the committee, we might revisit the issue tomorrow. Issue- You are allowed to assign a caregiver to grow medicinal cannabis. Intention of changing definition is not so person in question doesn't have the care they need, we want to increase caregivers (taking care of a medical patient). We want to make sure a medical patient can have more than one caregiver so several people can administer, possess the medicine versus a grower growing for multiple patients.

*Dr. Clifton- I want to keep the cannabis industry local and keep money from cannabis industry local and support small businesses. I agree that 5 caregivers per person and each grower (grow for as many as 5 or higher) so a grower could provide for an adequate number of people.

*Meg D'Elia- It sounds like that's a small grower not a caregiver. If caregivers can grow for multiple patients but not regulated, who is there to enforce lab testing and the patient safety components? I think that's slightly different than what Jim is suggesting.

*Jim Romanoff- multiple caregivers not growers.

*Tom Nolasco- I think we have agreement and consensus on more than one caregiver (as far as medically providing).

*Dr. Clifton- if we don't make sure patients have access to the medicine, they won't have access.

*Meg D'Elia- This is a job for a separate subcommittee. One grower per patient and add medical caregiver but not an additional grower.

*Dr. Clifton- What if a medical patient has more than one condition and the one grower doesn't create all medications that person needs?

*Lindsey Wells- It sounds like you want to create a separate category for these folks and separate from what has been the concept around a caregiver (loved one). The definition of a caregiver is missing. Then there could be a different defined category of growers and if you want to send that to marketing and licensing for them to handle-- what to do with folks who want to grow for medical patients and what that will look like.

*Dr. Clifton- My concern with one grower for one patient, if something happens with that one crop or grower, then that patient is out. I want to design a system different from MI, Iowa, and NY system. Is there any education in dispensaries? Are workers trained for dispensary job? Are the dispensaries the best answer? I want to make sure patients have access to small cultivators.

*Meg D'Elia- Most dispensary training here is a two week program. A lot of what you're saying with MSO's, their commitment is to medical program here. Maybe someone from dispensaries can come in and speak to some of these concerns.

*Dr. Clifton- I'd also like to bring in someone from WA and HI.

*Tom Nolasco- We want to ensure access to patients. We want to develop baseline of products. As adult-use comes on, it will be dominated by small cultivator market. There will be a transformation and access to small cultivators. Other subcommittees can address the ratio of grower to medical patients. The problem is the definition of caregiver is one to one. I think we all agree it should not be that way. It should be expanded to caregivers as far as a medical care provider. Leave definition of grower to a separate category but not defined by this subcommittee.

*Dr. Clifton- Concerns of needs of patients not being properly addressed. I'd like to attend the Oversight Committee meeting Wednesday to listen. And maybe open up to virtual guests so if people are unable to travel they can also present virtually.

*Tom- Virtual appearances are not available but the public can submit written comments online.

*James Pepper- We have a staff that is stretched thin, and if we have about 30-40 people on the call, we don't have time or resources to manage flow. We are complying with open meeting laws, and there is a physical location. We don't have resources to manage processes. As a board, we record and post to website and weekly wrap up meeting where Board discusses what happened and allows public to comment at that virtually. What rules and regulations do we need for designated growers to have a clean product?

*Dr. Clifton- Subsidized testing for medical program.

*Dr. Clifton- I think we have to make sure we protect our least protected people.

*James Pepper- I am okay if the committee wants to allow witnesses that the subcommittee determines they want to hear from and what they want to hear.

*Dr. Clifton- I suggest one or two experts that have had success patient-centered programs to share that learning with everyone else.

*Meg D'Elia- I think we limit patient program to one and one dispensary representative.

*James Pepper- One thing I have committed to is maintaining continuity of services to patients. It would be very important to try to put together lists of products people are purchasing from dispensaries. I need to make sure those are on shelves when this transition happens.

Next Steps:

Meg D'Elia and Jim Romanoff will share ahead of Thursday the baseline products.

Dr. Clifton will email a contact for patient group representative.

Jim Romanoff will share Oversight Committees draft before Thursday.

Dr. Clifton opens for public comment. Brynn Hare notes that are no public comments in the room today.

Dr. Clifton moves to adjourn. Tom Nolasco makes motion to adjourn. Jim Romanoff seconds. Meeting is adjourned at 4:50 pm.

Next Medicinal Sub-Committee meeting is Thursday, September 23 at 4 pm ET.